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ABSTRACT

This revised yet still preliminary version of the Program Master Plan introduces the program with regard to location, physical characteristics, population characteristics, organizational structure and staffing patterns, and a statement of the mission for both the Mental Health and Correctional Program Units. Program principles are listed both generally and specifically for both units. Current and future implementation of these principles are surveyed and preliminary proposed measures of assessment are listed. Current and future operations are discussed in terms of major tasks for the upcoming six-month period. Seven pages of appendixes include statements regarding detailed population analysis, organizational charts, and source of institutional blueprints. (SC)

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FEDERAL CENTER FOR CORRECTIONAL RESEARCH

BUTNER, NORTH CAROLINA

PROGRAM MASTER PLAN

SUMMER 1973

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CE 000 057

FOREWORD

This is a revised but still preliminary and incomplete version of the Program Master Plan. We can expect a new version every thirty to ninety days as program and research planning and growth continue. Those proposals that are carefully spelled out in detail, however, will remain stable as they have already been, in general, accepted by the planning staff in the Bureau of Prisons.

TABLE OF CONTENTS

	Page
SECTION I - INTRODUCTION	1
A. Location	1
B. Physical Characteristics of the Institution	2
C. Key Population Characteristics	2
D. Organizational Structure and Staffing Patterns	3
E. Statement of Mission	4
1. Mental Health	4
2. Correctional Program	4
SECTION II - PROGRAM PRINCIPLES	5
A. I. - General Principles	5
A. II. - Specific Principles	6
a. Mental Health Units	6
b. Correctional Program Research Units	7
B. Current Implementation	11
C. Future Implementation	11
SECTION III - ASSESSMENT	13
A. Mental Health Units - List of Preliminary Proposed Measures	13
B. Correctional Program Research Units	14
SECTION IV - CURRENT OPERATIONS	17
SECTION V - FUTURE OPERATIONS	18

FEDERAL CENTER FOR CORRECTIONAL RESEARCH

PROGRAM MASTER PLAN

SECTION I - INTRODUCTION

A. Location

Butner is a very small town in the center of North Carolina with several major state institutions within its boundaries. These include John Umstead Hospital, a mental institution; Murdoch Center, with treatment for retardation; C. A. Dillon School for juvenile delinquents; the Rehabilitation Center for the Blind; the Alcoholic Rehabilitation Center; and a minimum security camp, Umstead Youth Center, which is part of the state correctional system. Aside from the obvious cooperative efforts with these state institutions, the community of Butner carries little in the way of resource. Butner, however, is in close proximity to the "Research Triangle Area" made up of the cities and communities of Durham - Raleigh - Chapel Hill, with each city containing a major college or university, i. e. Duke with a medical school, the University of North Carolina with a medical school and North Carolina State University. There are, in addition, several private colleges and two black universities which provide additional resource services. There is also a formal Research Triangle Park including business institutions, such as IBM, and many pharmaceutical laboratories. It is within this larger community then, already heavily commited to research, that the close working ties will be established.

2. Correctional Program: The correctional program research units will be filled with some sub-segment spectrum of the inmates housed in federal facilities in Regions I - IV. This spectrum will be determined by the research program design.

D. Organizational Structure and Staffing Patterns

The anticipated staff of the Federal Center for Correctional Research is 211 positions, representing an inmate-staff ratio of 1.66 to 1. The basic organizational design will be functional participatory management with a functional unit sub-structure. There will be four principle divisions: the administrative services, the correctional program division, the research division and the mental health division. The administrative service is made up of the Warden and his office staff, the personnel office and the business office. The correctional program division is made up of the Associate Warden, Correctional Programs, the four correctional program units, food service, mechanical service, chaplain, correctional coordinator and community coordinator. The research division is made up of the Director of Research, the research coordinators and the record office and data coordination staff. The mental health division is made up of the Associate Warden, Mental Health, the three mental health units, the nursing service coordinator, the safety officer, education coordinator and case management coordinator. The organizational chart and the participatory management committees are located in Appendix B.

E. Statement of Mission

In the green book entitled "Behavioral Research Center, Butner, N. C.", the mission for the proposed facility was stated as "the treatment of mentally disturbed and violent offenders, for research leading to the management and correction of such behavioral problems, and for staff training in promising treatment techniques for serious deviant behavior". The method of actualizing this mission includes the following two mission statements:

1. Mental Health: The Mental Health Units will provide excellent acute and/or specialized treatment and/or forensic services for psychiatrically ill offenders from Region I - IV in all stages of their sentences. This program will be conducted in the context of a research setting to find increasingly effective methods of referral, evaluation, treatment and aftercare.
2. Correctional Program: The Correctional Program Units shall, in an initial integrated design, test the best correctional and treatment modalities available in such a way as to provide usable and transferable models for other correctional settings (federal, state, local), these models to be fully researched in a prospective, longitudinal manner with full follow-up. The institution shall provide at least part of the initial training for such transfer of program models.

SECTION II - PROGRAM PRINCIPLES

A. I. - General Principles

1. To provide carefully selected personnel with full training experiences prior to opening and through continuing training post opening so as to maximize actualization of potential. This is not only to provide the Federal Center for Correctional Research with fullest manpower utilization but also recognizes the fact that transferability of programs, mental health and/or research, will require a transfer of knowledgeable, experienced personnel capable of training others.

2. To provide careful, full and accurate record keeping above and beyond the usual for an institution because of our research function.

3. To utilize functional participatory management so that all specifically treatment functions and specifically maintenance functions and mixed functions are carefully integrated into the total program model and the authority for implementation of same is shared by those concerned. This is in order to properly integrate the work load of the institution which would otherwise, through overdecentralization, result in inefficiencies of scale and performance.

4. To make proper and complete use of academic and other consultation and involvement of local and national community members and volunteers. An open situation with multiple involvements of outsiders will result in better community relations and a full general understanding of our research function. Moreover, the total environment in the institution will be more normalized

by these contacts, especially in conjunction with the most modern policy procedures related to everyday inmate life.

5. To provide an environment that is understandable, reasonably rational and masterable by inmates and staff but is yet not so carefully and detailedly outlined as to have learning in this environment non-transferable to the less than rational outside world.

A. II. - Specific Principles

a. Mental Health Units

1. That each unit (youth, adult male, female) establish clear, cooperative relationships with its small list of referring institutions in Regions I - IV. This will facilitate communication, referral and aftercare processes and general evaluation of the program.

2. That the units provide acute care; this care, in general, consisting of 90-180 days of care with some exceptions. That these units provide for carefully selected cases specialized care lasting longer than 180 days, but in no case should these units provide merely chronic, custodial care.

3. That if one or more universities are cooperative in assisting in the staffing and consulting for forensic work, that one or more of the units maintain a small sub-section for case studies for the United States Judiciary in conjunction with said university. This is in order to open up to the United States Judiciary in Regions I - IV the potentially rich forensic resources of the institution and surrounding academic community without overtaxing program staff.

4. Each unit should, in conjunction and cooperation with its referring institutions, insure that the aftercare provided at said institution is adequate to preserve and enhance the benefit accorded to the inmate during his period of treatment at the Federal Center for Correctional Research. This is in order to prevent the "revolving-door" phenomenon which occurs when the centralized treatment facility efforts are not followed up by adequate aftercare.

5. That such research as would lead to the enhancement and increase in efficiency of method of the curative treatment of psychiatric illness shall be done so as to incrementally improve the services provided by the three mental health units. This is necessary because with all the deficiencies of psychiatric treatment generally the differences between correctional settings and inmates and the general population has resulted in much of general psychiatric knowledge not being easily transferable.

6. These units shall be actively involved with the training of other federal correctional mental health personnel and in the training of mental health personnel generally in the research triangle area and nationally as there is a great dearth of individuals trained both in mental health and corrections.

b. Correctional Program Research Units

1. All research programs shall either provide adequate community follow through by aftercare supplementation or not provide it for research control purposes. This necessity is indicated by repeated research findings

that institutional improvement without community follow through tends to disappear over a two-year period.

2. Each individual shall have prescribed and shall follow an educational-vocational program with an emphasis on his/her capacity for productive interpersonal relationships. Upon release, he/she shall be prepared to work with a high expectancy of success with a high enough level of skill either to perform on the job and/or have entry level skills for training and with proper preparation of the place providing employment such that their expectancy is positive. This combination of high expectancy, high interpersonal and technical skill and reasonable community acceptance is demonstrated to result in better vocational success.

3. Each individual, post-release, needs an adequate positive social setting. There now exists four such well-established patterns: one is family adjustment, two is the therapeutic community or some other totally involving work setting, such as the military, three are deviant sub-cultures and four is the loner life-style which is only characterologically feasible to a small sub-segment of our population. In general, all inmates who had a family will be encouraged, counseled and given every assistance in maintaining and enhancing this family involvement. The others will be given assistance in methods of operationalizing a family and providing an equivalent social setting during the institutional time and post-release until such family-like involvement is operational.

4. All research programs shall effectively discourage overt and covert antisocial behavior. This will avoid the hypocritical involvement in programs that often saps their strength.

5. Staff and inmates will be required to participate in a joint effort. This will prevent the "we/they" split that typically polarizes and alienates the staff from the inmates.

6. Each program will be required to involve all staff and inmates in its functioning so as to prevent sterile, alienated roles for either staff or inmates.

7. Each program and all the programs together will make every effort to prevent negative cliques from forming in the institution so as to prevent the usual negativistic inmate compound culture which interferes with corrective programming.

8. Each program will be asked to develop its own integrated philosophy so as the members of the program, staff and inmate, have an understandable basis for decision making. This enhances the cooperation and coordination of all parties and appears to result in increased performance.

9. Each program will be asked to include within itself academic and other consultation as an adjunct to its basic program design. This will enhance the reputability and depth of each program without overrelying on academic conceptualizations.

10. Each program will be asked to provide for all the inmates needs and deficiencies that might prevent him from making a successful adjustment in

the community. This is to prevent strengthening only specific areas in the inmates personality and technical skills while preserving other major areas of deficiency.

11. Each program will carefully use a variety of categorizing instruments to determine if its methods are more or less appropriate for each specific category but will preferably not use these for prescribing treatment especially in the early stages of the program. This is to prevent premature categorization with self-fulfilling prophecies prior to adequate information gathering and sorting.

12. Each program will have an adequate training program such that those staff that do rotate from program to program are quickly and competently integrated into the program and thus resulting in their getting, over a period of time, a good set of skills in each program area. This is to prevent rotating staff from getting treated as second class citizens and also provide them with a broad base for further promotion and development of their potential alongside of those that may have been employed with a high level of previous skill.

13. Each program staff will participate in the community follow-through for its post-release inmates to at least some extent. This will provide continuity of philosophy and practice and will also provide an interesting and broadening career development opportunity to institutional staff.

14. Preferably each program will harness the social pressure of its various component members for positive goals. These social pressures are

a given in institutional situations and need harnessing as they often otherwise go opposite to the goals of programming.

15. The Research Department in its coordination with the programs will provide feedback to the programs as to their performance and as to new data as it comes along in a variety of areas so that the programs may constantly improve themselves, not only from their own natural development but from these inputs. The Research Department will then calibrate for such changes in programs as to be able to maintain the research design which should be so designed as to have this capacity. This will prevent the original research design from becoming a constraint and then a sterile instrument divorced from the actual procedures being followed in the units.

16. Each research program shall follow ethical guidelines to be determined in advance for all programs.

B. Current Implementation

Research and program planning to date have resulted in the ability to formulate and document the above principles in A. The broad measure of the above's feasibility will be that of whether, in fact, these guidelines and program principles will be practical and useable in operationalizing the institution.

C. Future Implementation

Increase program planning, community coordination, research staff and operational staff so as to adequately prepare for the institutional start up which will now take only four months total time rather than the original

eight months planned due to the longer planning time and more complete staffing. Implementation target, September 1, 1973 pointing toward September 1 to November 1, 1974 opening date. The position responsible for implementation is that of Program Development Coordinator.

SECTION III - ASSESSMENT

A. Mental Health Units - List of Preliminary Proposed Measures

1. Number of patients referred vs. number of patients accepted. The difference between these two figures is a measure of the degree of our adequate communication to referring institutions.

2. Number of patients accepted who actually receive full treatment as prescribed. This measure would indicate the accuracy of our acceptance and diagnostic procedures vis a vis our ability to provide treatment and motivate patients to accept it.

3. Percentage of patients fully treated who are then transferred to referring institutions, other institutions or community care. This figure should be 100% as policy is not to retain chronic cases.

4. Percentage of cases referred to other institutions as fully treated who require no further in-patient treatment. This measure will represent the lasting effect of our treatment process.

5. Community follow-through as to success of patients when released to the community vis a vis both (a) criminal recidivism, and (b) relapse into mental illness for which they were treated. This will further measure long-term effect of treatment provided.

6. Number of mental health personnel trained for other institutions relative to number hired and/or needing training. This will measure relative input of Butner to mental health efforts of the Bureau of Prisons.

7. Number of employees hired or transferred in with no adequate prior experience or skills in the area of treatment of mental patients who are transferred out, skilled in such areas.

8. Production of scholarly papers in the area of treatment of mental disorders in correctional settings and other pertinent areas.

Correctional Program Research Units

1. Number of major research programs instituted at start up of institution.

2. Percentage of research population inmates who can be adequately followed which should preferably be 100% of population plus controls.

3. Percentage of inmates who can be provided programs that follow all the policy guidelines contained in Section II - b. This figure should also be 100%.

4. Each inmate will be carefully evaluated as to his deficiencies in areas that are necessary for community adjustment and success and each program will be measured by its success in eliminating these deficiencies.

5. Percentage of research population inmates that are provided adequate community follow-through.

6. Percentage of research population inmates released from programs who are adequately prepared for employment, their average and mean salary levels, sork satisfaction and general level of success.

7. Percentage of research population inmates who are released to an adequate social setting.

8. A variety of measures will be needed to determine the degree to which each type of antisocial behavior is present or not present. For example, whether or not fighting occurs, whether or not exploitation occurs, whether or not gambling occurs, whether or not homosexual behavior occurs, whether or not escape plots occur, etc.

9. A careful analysis will be constantly maintained of the formation, evolution and dissolution of negative cliques.

10. Sociological-type testing will be used to see whether, in fact, there is an integrated philosophy in each program and whether, in fact, it is followed and to what degrees by its various members.

11. A variety of sociological instruments will be used to test the morale and joint effort of the staff and inmates. Also tested will be their positive involvement in programs.

12. Staff rotating in and out of each of the correctional program units will be pre and post tested as to the amount of skills in the specialized areas of the programs that they have learned.

13. We will establish if program staff involvement in community projects, in fact, does enhance performance in any way.

14. With sociological instruments, we will test whether social pressures are, in fact, harnessed to positive goals or not.

15. The number and amount of academic and other consultation will be recorded and some measure of the usefulness and whether or not the useful aspects were implemented will also be made.

16. Each theoretical categorization that is tested will include within it measures of its own reliability and validity.

17. All of the research population and matched controls will be followed for at least two years post release. The outcomes of the research, control and general populations shall be compared by such broad measures as absolute recidivism and other more specific measures yet to be specified.

18. The research department will be required to evaluate its own performance and/or to have a private research team to do same.

19. A long-term measure will be the total number of derivitive programs begun in other settings based on one of the models we test, the number implemented, the number successful (see 17 above) and, finally, the number of third generation programs engendered which are also successful.

20. Finally, all programs will be initially carefully evaluated and then continuously evaluated to insure that it stays within the ethical guidelines set.

(GENERAL COMMENT: Most of the above measures are carefully not over specified at this time, leaving adequate room for further program and research planning and elaboration.)

SECTION IV - CURRENT OPERATIONS

Under the guidance of the Division of Planning and Development, with full cooperation of the various Central Office Divisions, and with significant inputs from federal and state institutions and agencies, the Butner operations have consisted primarily of long-range, broad program development, operational planning, and the initiation of community public relations. The staff consists of a Program Development Coordinator, an Executive Assistant, a personal secretary and an administrative clerk. At the present time, the operations have resulted in the program development principles outlined in Section II, in the development of the staffing and organizational patterns outlined in Section I and in the Appendix, as well as having laid a solid foundation of good relations with the local academic, professional, governmental, business and lay communities. The outlines of a number of important specific projects have been identified for immediate exploration and implementation. These specific projects include but are not limited to aftercare supplementation, increased capabilities for our information system, regionalization of mental health services in OMB Regions I - IV, identification and review of effective correctional treatment modalities and specification of the unique content of these for training purposes.

SECTION V - FUTURE OPERATIONS

The major tasks before us in the next six months are the following:

1. To evaluate the inmate data system and existing information systems as to their ability to accomodate the intended research and to make such appropriate recommendations as may be necessary based on this analysis.

2. To select the four program models for the four correctional program research units to test and complete at least a rough outline of what they will be, how they will operate and what type and number of personnel will be necessary within the total possible complement of 211 for the institution as a whole. Once these are established, to begin to elaborate the manner by which inmates will come into these programs and the manner by which the entire project will be followed with suitable controls.

3. Our new Mental Health Coordinator will elaborate the mental health needs and ability to provide for them of the various institutions in OMB Regions I - IV and prepare a proposal for coordinating these efforts with our mental health programs. During the course of this, he will visit and set up initial coordinative relationships with each of these institutions. He will also develop our mental health training packages and coordinate with academic departments in local universities and assist with mental health recruiting.

4. Our Operational Systems Coordinator will coordinate for us in the Bureau's Washington Office, especially the various program changes that impinge upon the implementation of the Bureau's procedures or, conversely, such Bureau developments as may effect our planning and implementation effort.

5. The Operational Systems Coordinator will also have the responsibility with the aide and assistance of the Community Services Division, Bureau of Prisons, to evaluate the community after care supplementation aspect of the Correctional Program Units.

APPENDIX A

Detailed Population Analysis

Mental Health

We are awaiting a Mental Health Program Coordinator to communicate with each and every institution located in OMB Regions I - IV regarding local evaluation of the number of inmates eligible for referral and the type of aftercare services available at their institution.

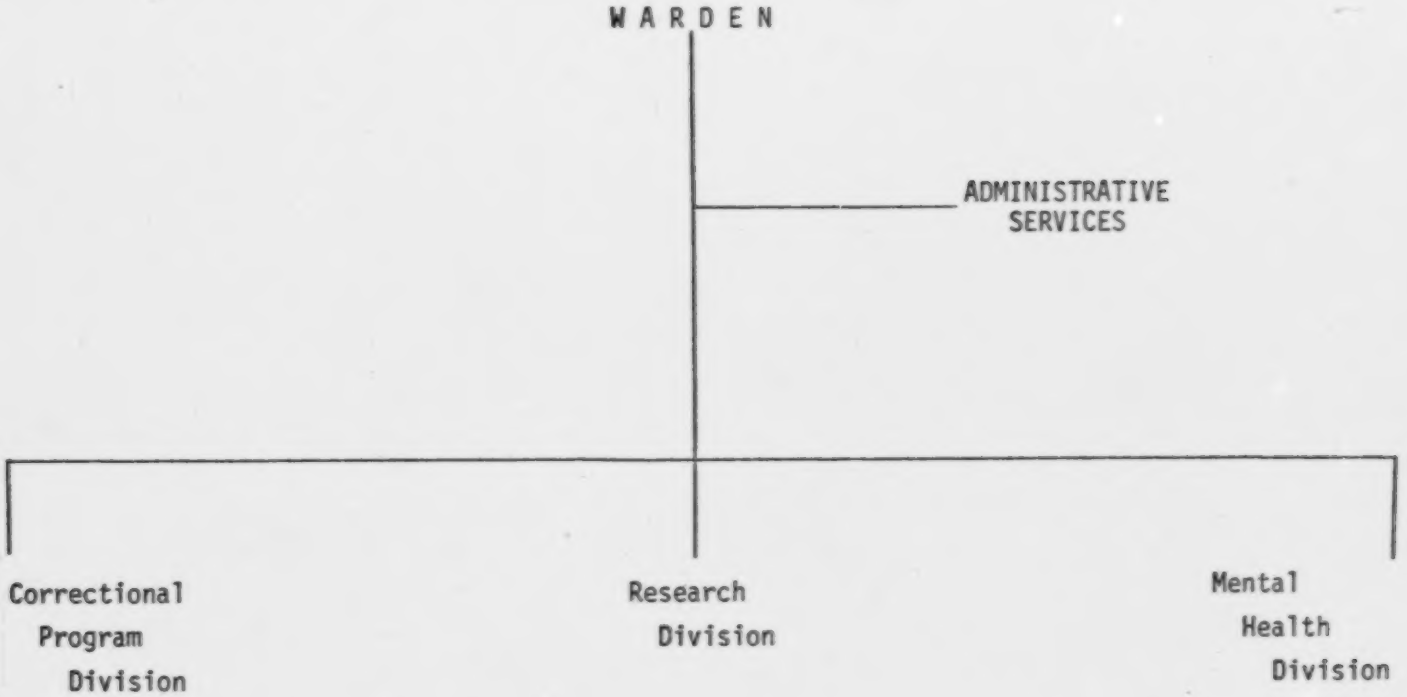
Correctional Program Research

We have received and are in the process of evaluating the first computer printout categorizing the 11,000 inmates in Regions I - IV broken into various categories of research interest.

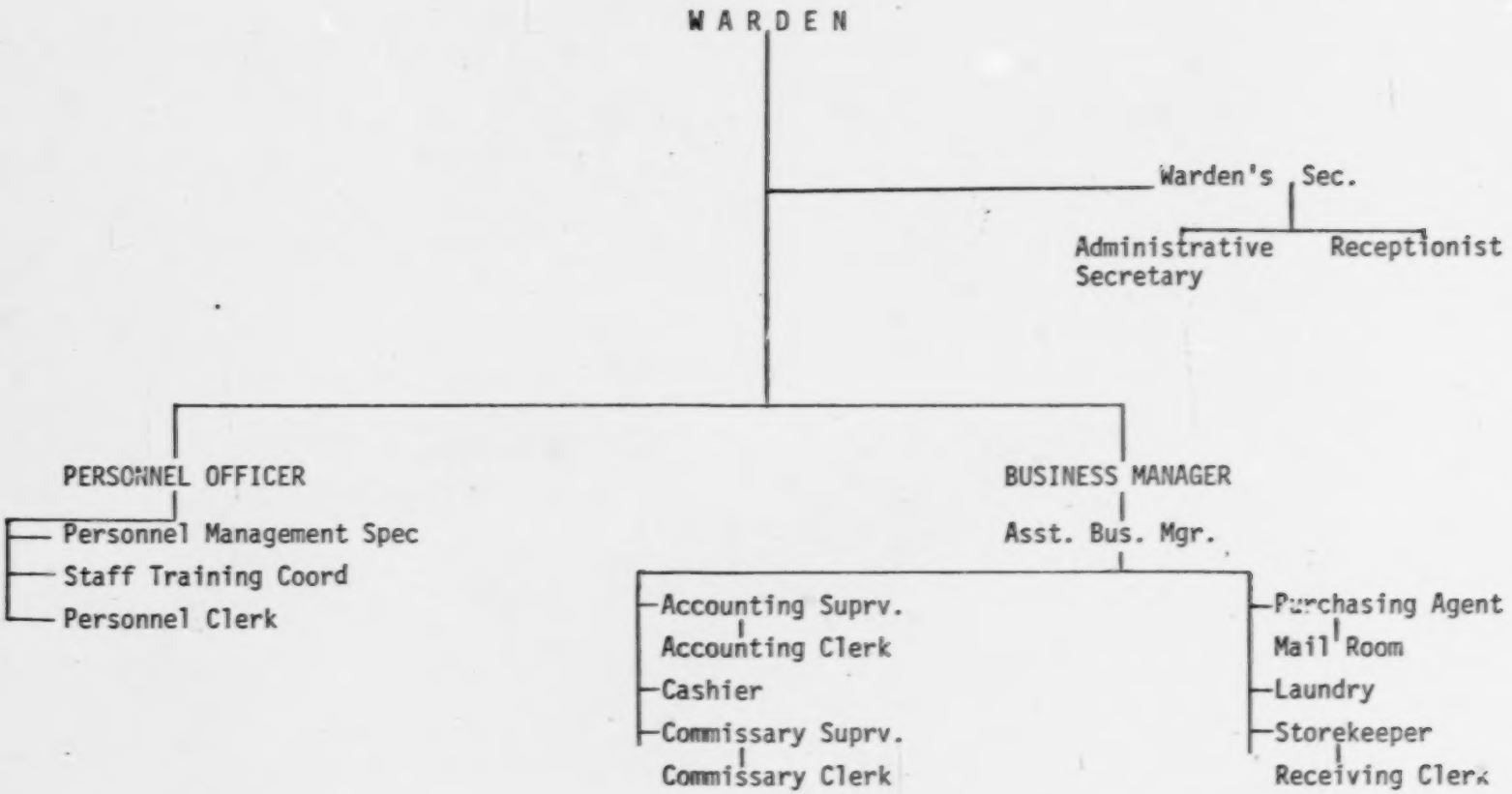
APPENDIX B

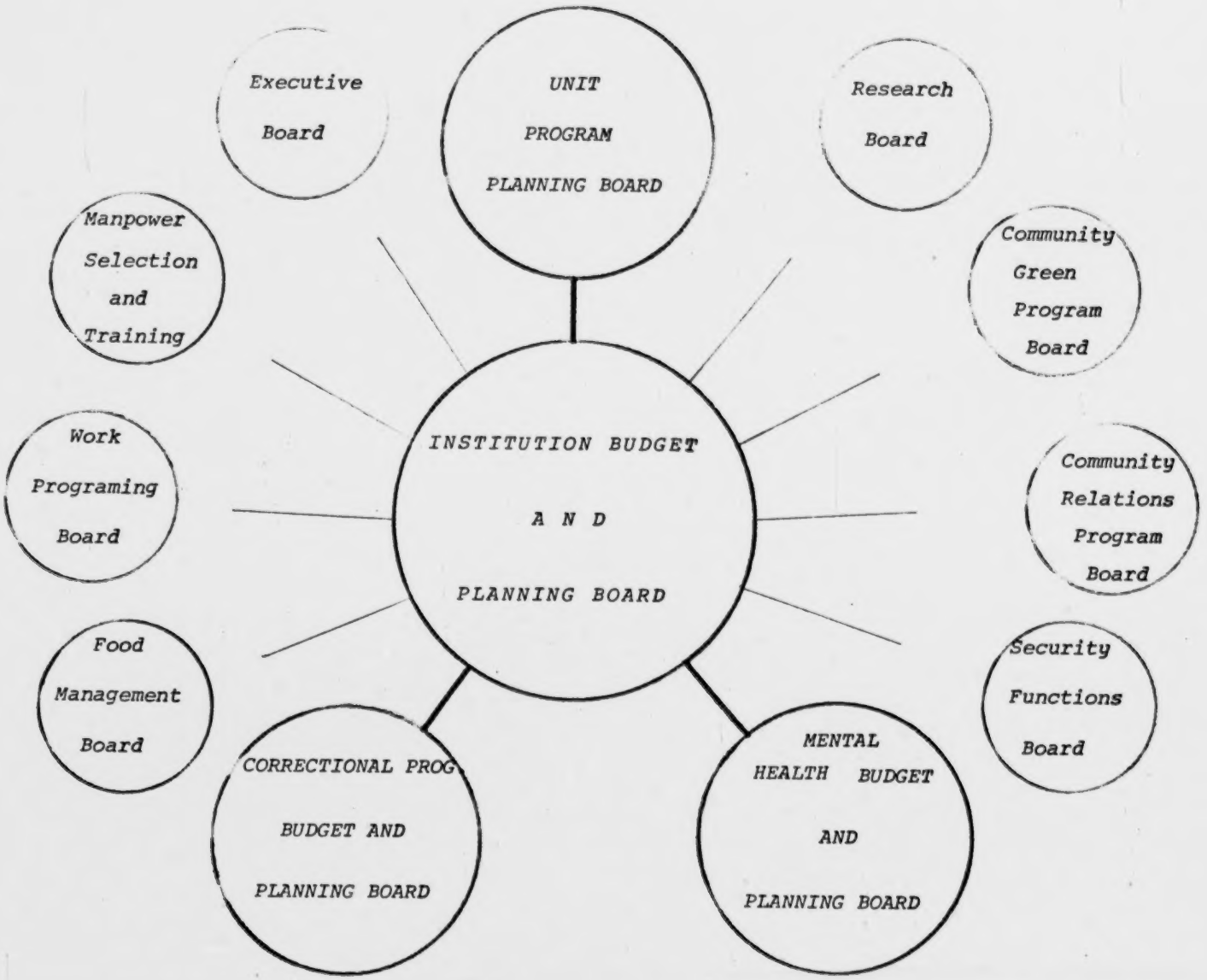
Organizational Charts

DEPARTMENT OF JUSTICE
Bureau of Prisons
Federal Center for Correctional Research
Butner, North Carolina



ADMINISTRATIVE SERVICES




Executive Board
UNIT PROGRAM PLANNING BOARD
Research Board
Manpower Selection and Training
Community Green Program Board
Work Programing Board
INSTITUTION BUDGET A N D PLANNING BOARD
Community Relations Program Board
Food Management Board
Security Functions Board
CORRECTIONAL PROG BUDGET AND PLANNING BOARD
MENTAL HEALTH BUDGET AND PLANNING BOARD

INSTITUTION BUDGET AND PLANNING BOARD

Warden - Chairman
Admin. Sec. - Recorder
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research
Business Manager
Personnel Officer
Manager, CPRU 1
Manager, CPRU 2
Manager, CPRU 3
Manager, CPRU 4
Manager, M H A
Manager, M H Y
Manager, M H F

CORRECTIONAL PROG. BUDGET AND PLANNING BOARD

Asoc. Warden, Corr. Prog. - Chairman
AW CP Sec. - Recorder
Business Manager
Personnel Officer
Corr. Coordinator
Comm. Coordinator
Chaplain
Chief, Mech. Services
Food Administrator
Manager, CPRU 1
Manager, CPRU 2
Manager, CPRU 3
Manager, CPRU 4

MENTAL HEALTH BUDGET AND PLANNING BOARD

Asoc. Warden, Mental Hlth. - Chairman
AW MH Sec. - Recorder
Business Manager
Personnel Officer
Case Management Ofcr.
Education Coordinator
Safety Officer
Nursing Services Coord.
Manager, M H A
Manager, M H Y
Manager, M H F

UNIT PROGRAM PLANNING BOARD

Warden - Chairman
Admin. Sec - Recorder
Director of Research
Manager, CPRU 1
Manager, CPRU 2
Manager, CPRU 3
Manager, CPRU 4
Manager, M H A
Manager, M H Y
Manager, M H F

EXECUTIVE BOARD

Warden - Chairman
Warden's Sec - Recorder
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research
ad hoc additional membership

RESEARCH BOARD

Director of Research - Chairman
Research Director's Sec - Recorder
Administrative Assistant
Research Coordinators (5)
Data Coordinator
ad hoc program representative

MANPOWER SELECTION AND TRAINING

Personnel Officer - Chairman
Admin. Sec. - Recorder
Staff Training Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Director of Research
ad hoc department representative

SECURITY FUNCTIONS BOARD

Corr. Coord. - Chairman
AW CP Sec. - Recorder
Security Officer
Nursing Services Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.

FOOD MANAGEMENT BOARD

Food Admin. - Chairman
Admin. Sec. - Recorder
Business Manager
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Manager, CPRU 2
Manager, M H A

WORK PROGRAMING BOARD

Chief, Mec. Ser. - Chairman
Admin. Sec. - Recorder
Business Manager
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Safety Officer
Manager, CPRU 1
Manager, M H Y

COMMUNITY GREEN PROGRAM BOARD

Chairman to be determined
Admin. Sec. - Recorder
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Manager, CPRU 3
Manager, M H F
Education Coord.

COMMUNITY RELATIONS PROGRAM BOARD

Community Coord. - Chairman
AW CP Sec. - Recorder
Chaplain
Case Management Coord.
Staff Training Coord.
Asoc. Warden, Corr. Prog.
Asoc. Warden, Mental Hlth.
Education Coord.

APPENDIX C

INSTITUTIONAL BLUEPRINTS

Institutional blueprints are available in the Office of Facilities Development and on site at the Federal Center for Correctional Research, Butner, North Carolina.